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(Re	questor's Name)	
(Add	dress)	
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(City	y/State/Zip/Phone	e #)
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PICK-UP	WAIT	MAIL
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(DOC	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	1
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### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT:	INSURANCE, LUC	
Dear Sir or Madam:		
The enclosed Resignation of Member, Managing Member or N	Manager and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the	following:	
The state of the s	one was	
James Francisco		
(Name of Person)	280	
	MAR 30 PH	
(Firm/Company)	AR 30 PM	
325 LESTIE LN	PILE PH 2: 50 YALLAHASSEE, FLORID	
(Address)	FLORIDA	
Lake Mary FL 327 (City/State and Zir Code)	46	
For further information concerning this matter, please call:		
JAMES FRAZIER at (40	7) 352 - 1828 le & Daytime Telephone Number)	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy	

CR2E079 (8/05)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, James A. Frazier En hereby resign as Manager Momber
of Chase Title LATURANCE, LC, (Limited Liability Company)
a limited liability company organized under the laws of the State of Florida,
and affirm that the limited liability company has been notified in writing of the resignation.
(Signature of resigning manager, managing member or member)

#### FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314